Child Name: Date of Birth:

Please follow these instructions for requesting the following:

1. A change in frequency or duration of service
2. Adding a new service

**Required Justification Components**: The IFSP review request **will be returned** if all pertinent questions are not answered. Please write N/A if question does not apply.

* When did you begin delivery of service?
* Explain any gaps in service(s), including missed sessions, frequent illness, vacations.
* What are the concerns that prompted this request?
* Have you communicated with other team members regarding this concern?
* Describe child’s progress, or lack of progress, toward IFSP outcomes since initiation of the IFSP.
* What successes or difficulties has the family had in integrating offered suggestions?
* What will the recommended change offer that the present plan does not?
* List any changes in the child’s medical diagnoses or conditions since the last IFSP which may have an impact on the child’s reaction to EI services.

Comments:

Questions completed by: Agency:

Contact phone number: